

PATENT APPLICATION SERIAL NO. 10/518181

**Rec'd PCT/PTO 15 DEC 2004**  
U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

12/23/2004 GFREY1 00000051 10518181

01 FC:2631	150.00 OP
<del>02 FC:2632</del>	<del>250.00 OP</del>
03 FC:2633	100.00 OP
04 FC:2615	100.00 OP
05 FC:2614	500.00 OP
06 FC:2681	250.00 OP

06/13/2005 BCAMPBEL 00000013 10518181

01 FC:2641

50.00 OP

Adjustment date: 06/13/2005 BCAMPBEL  
12/23/2004 GFREY1 00000051 10518181  
02 FC:2632 -250.00 OP

PTO-1556  
(5/87)

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6-11-05</u>		2 Serial/Patent # <u>10/518181</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input checked="" type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ <u>200.00</u>							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:									
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>0</td><td>8</td><td>--</td><td>1</td><td>2</td><td>9</td><td>0</td> </tr> </table>			0	8	--	1	2	9	0
0	8	--	1	2	9	0					
<input type="checkbox"/> No Fee Due (Explanation):											
<u>Fee Code Correction</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>B. Campbell</u>			TITLE: _____								
SIGNATURE: <u>Bdc</u>			PHONE: _____								
OFFICE: <u>PCT/DO/EO</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**